

# CLOSTER REC's *Differently-Abled* Baseball Program

**PLEASE PRINT ALL INFORMATION**

PLAYER'S NAME \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(last name) (first name) M/D/Yr

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BOY \_\_\_\_\_ GIRL \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

T-SHIRT SIZE \_\_\_\_\_ (YS, YM, YL, AS, AM, AL, AXL, AXXL)

Name on Jersey \_\_\_\_\_ (First name only – please print)

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## **STATEMENT OF RISK**

We are aware that all athletic activity involves potential for injury. We acknowledge that even with the best coaching, use of good protective equipment and the strict observance of rules, injuries are still a possibility and on a rare occasion these injuries can be so severe as to result in total disability, paralysis or even death. We acknowledge that we have read and understand this warning and will not hold Closter Recreation, Closter Elks, volunteers, coaches, the Borough of Closter, or any other assistant associated with this program liable for any type of injury.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ (please print)

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Comments: (Your child's special needs or special situation that will assist coaches)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHALLENGER BASEBALL**  
**Registration Fee:**  
**\$30**

Mail form and check payable to "Closter Recreation":  
295 Closter Dock Road  
Closter, NJ 07624  
Attention: Maria Passafaro